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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No.	HE0153
First Named Inventor:	Boyd G. Brower et al.
Title:	SEALED TERMINATING DEVICE
Express Mail Label No.	EL 746508779US

10/22/01

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification [Total Pages: 26] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Copy (CRF)
<input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: 10]	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. <input type="checkbox"/> Oath or Declaration [Total Pages: 2]	c. <input type="checkbox"/> Statement verifying identity of above copies
6. a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS (IDS)/PTO-1449 Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP)

Prior application information:

of prior application No: /

Examiner:

Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer Number or Bar Code Label here)		or	<input type="checkbox"/> Correspondence address below
NAME	021495			
ADDRESS				
CITY	STATE	PATENT TRADEMARK OFFICE		ZIP CODE
COUNTRY	TELEPHONE			FAX
Name (Print/Type)	Christopher C. Dremann		Registration No. (Attorney/Agent)	36,504
Signature			Date	June 22, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, U.S. Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Boyd G. Brower et al.
Examiner's Name	
Group / Art Unit	
Attorney Docket No.	HE0153

TOTAL AMOUNT OF PAYMENT \$1150.00

METHOD OF PAYMENT (check one)

1. The Commission is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No. 19-2167

Deposit Account Name Corning Cable Systems LLC

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

- Check Credit Card Money Order Other



FEE CALCULATION

3. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1):					\$710.00

4. EXTRA CLAIM FEES

Total Claims	40	-	20**	= 20	X 18.00	= 360.00
Independent Claims	4	-	3**	= 1	X 80.00	= 80.00
Multiple Dependent						=

*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2):				
\$440.00				

SUBMITTED BY:

Name (Print/Type)	Christopher C. Dremann	Registration No. (Attorney/Agent)	36,504	Complete (if applicable)
Signature		Date	6/22/01	Telephone: (828) 327-5904

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
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